APPLICATION TO OPERATE AS A HOUSEHOLD GOODS MOVER Filing Procedure

This application packet is to be completed and filed with the Nebraska Public Service Commission annually by any motor carrier seeking to institute, renew, or reinstate a license to operate in Nebraska intrastate transportation for-hire to transport personal effects and property to be used in a dwelling. The application package must be approved by the Commission prior to a company providing household goods moving services in Nebraska.

- 1. This application package must be submitted to the Commission with required supporting documentation. The application package may also be downloaded from the Nebraska Public Service Commission website: https://psc.nebraska.gov, or contact the Commission to request an application form.
- 2. The application form must be completed by a person authorized to complete such forms on behalf of the company.
- 3. A non-refundable \$250 license fee is required with the application. Fees are payable online at http://tiny.cc/MotorCarrierFees or by check to the Nebraska Public Service Commission.
- 4. Insurance: Household Goods Movers must carry liability insurance not less than \$750,000 plus cargo insurance of not less than \$5,000 of coverage. Your insurance carrier should provide the Commission with the following insurance filings:
 - Liability Insurance: Form E Uniform Motor Carrier Bodily Injury and Property
 Damage Certificate of Insurance or Form G Uniform Motor Carrier Bodily Injury
 and Property Damage Liability Surety Bond
 - Cargo Insurance: Form H Uniform Motor Carrier Cargo Certificate of Insurance or Form J Uniform Motor Carrier Surety Bond
- 5. The application package with supporting documents may be filed:
 - Electronically: <u>psc.motorfilings@nebraska.gov</u>
 - Personal delivery: Nebraska Public Service Commission, 1200 N Street, Suite 300, Lincoln, NE 68508
 - U.S. Mail: Nebraska Public Service Commission, Attn: Transportation Department, P.O. Box 94927, Lincoln, NE 68509-4927

Please contact the Transportation Department with any questions at 402-471-3101 or psc.motorfilings@nebraska.gov.

LICENSE APPLICATION HOUSEHOLD GOODS MOVER

APPLICATION TYPE (CHOOSE ALL THAT APPLY):							
	NEW LICENSE						
LIC	LICENSE RENEWAL						
LICENSE REINSTATEMENT							
NPSC License Num	ber (if renewal or reinstatement):						
SECTION 1: APPI	JICANT INFORMATION						
Owner/Officer:							
Carrier Name:							
D/B/A:							
Business Structure:	OIndividual OPartnership OCorporation OLLC OAssociation						
Nebraska Principal Business Address:							
Mailing Address:							
Telephone Number:							
Email Address:							
Customer Service Telephone Number:							
US DOT Number*:							
at www.fncsa.dot.go	u USDOT Number, contact the Federal Motor Carrier Safety Administration or the Nebraska State Patrol Carrier Enforcement at 402-471-4545. You braska Truck Services for assistance at 402-476-7671.						

REGISTERED NEBRASKA AGENT (if applicable)				
Name:				
Address	s:			
Telepho Number				
	ant will provide household goods moving services over the following territory (if nan statewide):			
failure t	cense granted to this carrier ever been suspended or revoked by the Commission for to comply with Neb. Rev. Stat. § 75-307, any rule or regulation of the Commission, or ful order of the Commission?			
ADDIT	TONAL INFORMATION REQUIRED (please check box to indicate enclosed):			
A	nnual license fee of \$250.00.			
fr	copy of the Articles of Incorporation, Organization, or Certification to Transact Business om the Nebraska Secretary of State.			
	copy of a statewide background check report from the Nebraska State Patrol or similar atity if Applicant is not located in Nebraska (if a new/reinstating applicant)			
A	copy of the current company rates and charges for Nebraska intrastate moves.			
	copy of the current list of vehicles to be used by Applicant in its Nebraska intrastate perations.			
A	copy of Form E liability and Form H cargo certificates of insurance.			
	pon cancellation or non-renewal, a written notice must be sent to the Nebraska ublic Service Commission by your insurance carrier.			

DECLARATION OF APPLICANT

By signing this form, Applicant agrees to adhere to and comply with the statutes of Nebraska and to all rules and regulations of the Nebraska Public Service Commission. Applicant also agrees, should any information submitted with this application change, to update any information provided to the Commission by Applicant or its insurance carrier.

Applicant understands that the filing of this application does not constitute authority to operate.

	ve read and kno e best of my kno			ation and that the co	ontents are true
Dated at		, this	day of	·,	
By					
-	ignature				
Prir	nted Name				
T	Title				

Licensee Rates and Charges

	ompany Name:					
	Please list the carrier rates and charges below. Attach additional sheets if necessary.					
1						
l						
l						
i						

Licensee Equipment List Please Print

Date:
Contact Person:
Carrier Name:
Business Address:
Mailing Address (if different than above)
Telephone Number:
Email address:

YEAR	MAKE	MODEL	VIN/SERIAL#	VEHICLE TYPE	DMV PLATE#